## WILLIAMS, MORGAN & AMERSON, P.C

10333 Richmond Drive, Suite 1100, Houston, Texas 77042 phone: 713-934-7000 fax: 713-934-7011

RECEIVED
CENTRAL FAX CENTER
AUG 2 3 2004

OFFICIAL

FACSIMILE TRANSMITTAL SHEET

**GROUP ART UNIT: 2655** 

| DATE: | AUGUST 23, 2004   |                                       | Fr. 1877 - 1874 - 1889 - 18   |  |  |  |  |  |
|-------|---|---------------------------------------|---|--|--|--|--|--|
| TO:   | USPTO   | TOTAL NO. OF PAGES INCLUDING COVER: 2 |   |  |  |  |  |  |
| FAX:  | 703.872.9306  | PHONE:                                | 713.934.4097  |  |  |  |  |  |
| FROM: | SHARON V. HART<br>LEGAL ASSISTANT FOR<br>RUBEN S. BAINS | DOCUM<br>CORRE                        | 0/668,009<br>DOCUMENT: CHANGE OF<br>CORRESPONDENCE ADDRESS<br>2008.007800/03-0623 |  |  |  |  |  |
| elq 🔽 | ase reply 🄀 please ha                                   | ANDLE ORIG                            | inal: 🗖 will follow 🗹 will not follow   |  |  |  |  |  |
|       |   |                                       |   |  |  |  |  |  |

NOTES/COMMENTS:

Ruben S. Bains| Attorney
Williams, Morgan & Amerson, P.C.

10333 Richmond | Suite 1100 | Houston, TX 77042
Voice: 713-934-4064 | Fax: 713-934-7011

EMAIL: RBAINS@WMALAW.COM

\*Total of

002

PTO/SB/122 (10-00) Modified Approved for use through 10/31/2002, DMB 0851-0035

U.S. Palant and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Intermation unless (I displays a valid OMB contro) number.

## RECEIVED 10/668,009 **Application Number** CENTRAL FAX CENTER CHANGE OF September 22, 2003 **CORRESPONDENCE ADDRESS** Filing Date **A**UG 2 3 2004 **Application** Joo S. Choi First Named Inventor 2655 Group Art Unit Address to: Assistant Commissioner for Patents Washington, D.C. 20231 **Examiner Name** 2008.007800/03-0623 Attorney Docket Number

| Please change the Correspondence Address for the above-identified application to:  |  |          |       |             |             |  |          |   |  |  |
|--|--|----------|-------|-------------|-------------|--|----------|---|--|--|
| Customer Number  |  | 237      | 23720 |             |             | ,                                      |          |   |  |  |
| OR   |  |          |       |             |             |  |          |   |  |  |
| Firm or<br>Individua   | il Name  |          |       | <del></del> |             | ······································ |          |   |  |  |
| Address  |  |          |       |             |             |  |          |   |  |  |
| Address  |  |          |       |             |             |  | <u> </u> | 1 |  |  |
| City   |  |          | State |             |             |  | Zip      |   |  |  |
| Country  |  |          |       |             | <del></del> |  |          |   |  |  |
| Telephone  |  |          | ·     |             | Fax         |  |          |   |  |  |
| This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).  I am the: |  |          |       |             |             |  |          |   |  |  |
|  | Applicant/Inventor.  Assignee of record of the entire interest.  Statement under 37 35 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96). |          |       |             |             |  |          |   |  |  |
| Attorney or Agent of record.   |  |          |       |             |             |  |          |   |  |  |
| Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR1.33(a)(1). Registration No.  |  |          |       |             |             |  |          |   |  |  |
| Typed or Pri<br>Name   | nted Ruben   | 3. Bains |       |             |             |  |          |   |  |  |
| Signature  | RAP  | <u> </u> |       |             |             |  |          |   |  |  |
| Date   | August   | 23, 2004 |       |             |             |  |          |   |  |  |
| Note: Signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.                 |  |          |       |             |             |  |          |   |  |  |

 $\boxtimes$ Burden Heur Statement: This form is estimated to take 8 minutes to complete. Time will very describing upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Potent and Tredement Office, Weenington, DC 20231. DO NOT SEND FEES OR COMPLETED FORM TO THIS ADDRESS. SEND TO: Assistant Commissional for Patenta, Weshington, DC 20231.

forms are submitted.